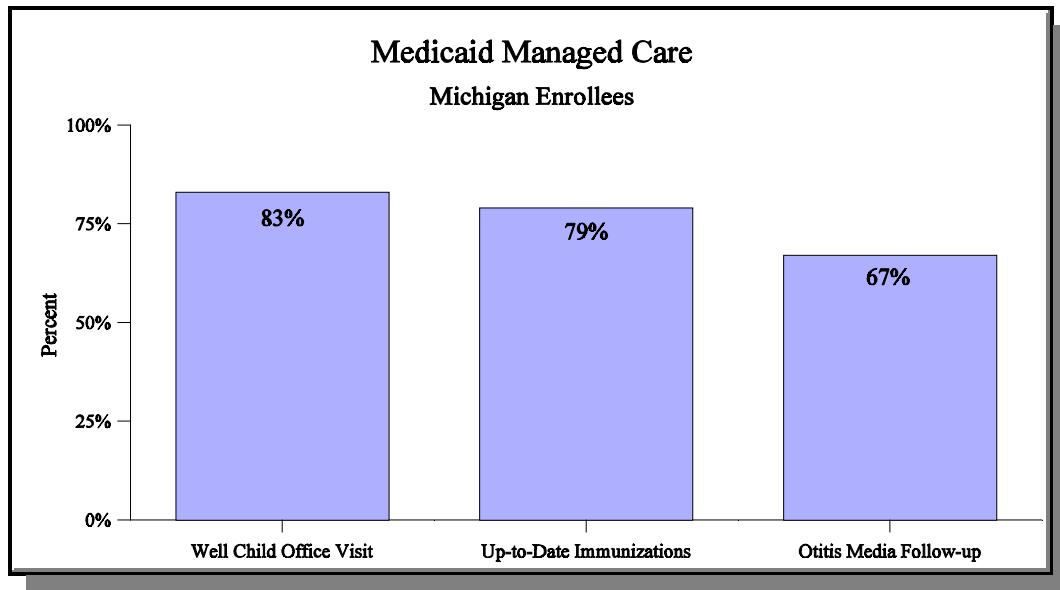


**Focused Indicators**  
**Preventive Health Care**  
*Medicaid Managed Care Quality Assurance*



Source: 1997 External Quality Review, Medical Services Administration, MDCH

***How are we doing?***

Medicaid is the federal and state health insurance program for low income Americans. As part of its ongoing commitment to monitor quality of care, the state provides for an annual external review of the quality of care provided to Medicaid clients enrolled in managed care plans.

The 1997 External Quality Review completed by the Michigan Peer Review Organization (MPRO) for the department provides data on well child care, otitis media, and diabetes. These services are a useful means of assessing the preventive care, quality of primary care, and chronic disease management provided to Medicaid clients who are enrolled in a managed care plan.

- Well child care is an indication of the emphasis on preventive care by Medicaid plans. In 1997, 83 percent of two-year-olds had at least one preventive office visit between their first and second birthdays. Immunizations to protect children from preventable and serious illness increased 27 percent among the Medicaid population. The records indicate that 79 percent of two-year-old children enrolled in Medicaid had up-to-date immunizations.

- Acute otitis media is the most frequent diagnosis at office visits for children under the age of 15. If untreated, this common childhood ailment can result in permanent hearing loss. In 1997, recommendation of a follow-up visit was documented for 67 percent of enrollees with otitis media.
- Diabetes is the seventh leading cause of death in Michigan. It is associated with numerous complications including low resistance to infections, blindness, and cardiovascular disease. The American Diabetes Association recommends quarterly visits for diabetics. Insulin-dependent diabetic enrollees were seen an average of five times in 1997.

### ***What other information is important to know?***

In Michigan, Medicaid enrollees have been steadily moving from fee-for-service arrangements to managed care arrangements over the past two years. As of March 1999, over 700,000 beneficiaries were enrolled in managed care plans.

### ***What is the Department of Community Health doing to affect this indicator?***

The department is actively working with the managed care plans to identify opportunities to improve care and service to Medicaid clients. Managed care contracts require health plans to provide all immunizations recommended by the Advisory Committee on Immunization Practice. The department provides incentives for health plans that have children appropriately immunized. The department will continue to conduct an external quality review, and the assessment of services provided to children and pregnant women remains a priority.

Last Updated: February 2000.